

Data Management Report

March 2017

Quality Management
Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	2027	2009	2015	2014	2010	2003	1999	1997				
Middle	1932	1924	1926	1923	1919	1916	1911	1901				
West	1138	1130	1124	1124	1125	1124	1116	1115				
Statewide	5097	5063	5065	5061	5054	5043	5026	5013	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	5255	5255	5255	5255	5255	5255	5135	5135				
Unduplicated waiver participants.	5180	5183	5188	5194	5200	5200	5048	5050				
# of slots remaining for calendar year	75	72	67	61	55	55	87	85	0	0	0	0

CAC Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	491	489	487	494	481	479	477	476				
Middle	527	524	524	524	517	516	511	506				
West	730	733	731	730	728	726	727	730				
Statewide	1748	1746	1742	1748	1726	1721	1715	1712	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923	1923	1923				
Unduplicated waiver participants.	1805	1806	1807	1807	1809	1811	1723	1726				
# of slots remaining for calendar year	118	117	116	116	114	112	200	197				

SD Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	404	406	404	403	399	397	398	394				
Middle	467	463	463	465	465	465	463	459				
West	373	368	369	368	367	367	365	363				
Statewide	1244	1237	1236	1236	1231	1229	1226	1216	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802				
Unduplicated waiver participants.	1312	1313	1313	1313	1313	1313	1229	1230				
# of slots remaining for calendar year	490	489	489	489	489	489	573	572				

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3	3	3	3	3	3	3	3				
Middle	1	1	1	0	0	0	0	0				
West	1	1	1	1	1	1	1	1				
HJC FAU (Forensic)	4	5	4	4	4	4	3	4				
HJC BSU (Behavior)	4	3	3	3	3	3	4	3				
Statewide	13	13	12	11	11	11	11	11	0	0	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	0	0	0	0	0	0	0	0				
Middle	0	0	0	0	0	0	0	0				
West	0	0	0	0	0	0	0	0				
Statewide	0	0	0	0	0	0	0	0	0	0	0	0

Developmental Center census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Jan-00	Apr-17	May-17	Jun-17
GVDC	60	58	57	57	55	50	44	37				
HJC- Day One (ICF)	6	6	7	7	8	6	6	6				
Total	66	64	64	64	63	56	50	43	0	0	0	0

DIDD community homes ICF/IID census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	63	62	60	61	61	63	64	64				
Middle	36	36	36	35	36	36	36	36				
West	48	48	48	48	47	47	47	46				
TOTAL	147	146	144	144	144	146	147	146	0	0	0	0

DIDD SERVICE CENSUS*	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total receiving DIDD funded services	8315	8269	8263	8264	8229	8206	8175	8141	0	0	0	0

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3048	3027	3026	3032	3009	2995	2985	2971	0	0	0	0
Middle	2977	2962	2964	2961	2952	2946	2934	2879				
West	2290	2280	2273	2271	2268	2265	2256	2255	0	0	0	0
Total	8315	8269	8263	8264	8229	8206	8175	8105				

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
CAC	0	1	1	0	2	2	2	5					13
SD Waiver	10	1	0	0	0	0	0	0					11
Statewide Waiver	10	3	6	6	5	1	4	2					37
Total Waiver Enrollments	20	5	7	6	7	3	6	7					61

CAC Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0					0
Middle	0	1	0	0	1	1	1	3					7
West	0	0	1	0	1	1	1	2					6
Grand Total CAC Waiver	0	1	1	0	2	2	2	5					13

SD Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0	0	0					4
Middle	3	0	0	0	0	0	0	0					3
West	4	0	0	0	0	0	0	0					4
Grand Total SD Waiver	10	1	0	0	0	0	0	0					11

SD Waiver Aging Caregiver		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Aging Caregiver is included in Total SD Waiver Count Above	East	2	1	0	0	0	0	0	0					3
	Middle	0	0	0	0	0	0	0	0					0
	West	1	0	0	0	0	0	0	0					1
	Total	3	1	0	0	0	0	0	0					4

Statewide Waiver Enrollments by Referral Source

Crisis	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0	0	0					4
Middle	1	0	0	1	0	1	0	0					3
West	2	0	1	0	1	0	0	0					4
Total	6	1	1	1	1	1	0	0					11

Secondary Enrollment Source of Crisis:

APS		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.	East	0	0	0	0	0	0	0	0					0
	Middle	0	0	0	0	0	0	0	0					0
	West	0	0	0	0	0	0	0	0					0
	Total	0	0	0	0	0	0	0	0					0
CHOICES		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0	0	0					0
	Middle	0	0	0	0	0	0	0	0					0
	West	1	0	0	0	0	0	0	0					1
	Total	1	0	0	0	0	0	0	0					1

CORRECTIONAL FACILITY		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0	0	0					0
	Middle	0	0	0	0	0	0	0	0					0
	West	0	0	0	0	0	0	0	0					0
	Total	0	0	0	0	0	0	0	0					0

DCS Enrollments		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	1	1	3	1	0	0	3	0					9
	Middle	0	0	2	1	3	0	1	0					7
	West	0	1	0	3	1	0	0	2					7
	Total	1	2	5	5	4	0	4	2					23

DC Transitions into Statewide		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	GVDC	0	0	0	0	0	0	0	0					0
	HJC	0	0	0	0	0	0	0	0					0
	Total	0	0	0	0	0	0	0	0					0

ICF Transfer Enrollments		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0	0	0					0
	Middle	0	0	0	0	0	0	0	0					0
	West	0	0	0	0	0	0	0	0					0
	Total	0	0	0	0	0	0	0	0					0

MH Enrollments		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0	0	0					0
	Middle	0	0	0	0	0	0	0	0					0
	West	0	0	0	0	0	0	0	0					0
	Total	0	0	0	0	0	0	0	0					0

PASRR NON NF		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0	0	0					0
	Middle	0	0	0	0	0	0	0	0					0
	West	0	0	0	0	0	0	0	0					0
	Total	0	0	0	0	0	0	0	0					0

PASRR in NF		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0	0	0					0
	Middle	0	0	0	0	0	0	0	0					0
	West	0	0	0	0	0	0	0	0					0
	Total	0	0	0	0	0	0	0	0					0

SD Waiver Transfers		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	1	0	0	0	0	0	0	0					1
	Middle	1	0	0	0	0	0	0	0					1
	West	1	0	0	0	0	0	0	0					1
	Total	3	0	0	0	0	0	0	0					3

Total by Region		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	5	2	3	1	0	0	3	0					14
	Middle	2	0	2	2	3	1	1	0					11
	West	3	1	1	3	2	0	0	2					12
	Grand Total Statewide Waiver	10	3	6	6	5	1	4	2					37

Analysis

There were 7 waiver enrollments for February 2017. 0 individuals were enrolled into the SD waiver. 2 individuals were enrolled into the Statewide waiver. 5 individuals were enrolled into the CAC waiver.

CAC Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	1	0	0	0	1	0	0					4
Involuntary- Death	13	1	2	6	7	7	6	3					45
Involuntary- Safety	0	0	0	1	0	0	0	0					1
Involuntary- Incarceration	2	0	0	0	1	0	0	0					3
Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0					0
Involuntary- Out of State	0	0	0	0	0	0	0	0					0
Total Disenrolled	17	2	2	7	8	8	6	3					53

SD Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	0	1	2	2	3	3	1	6					18
Involuntary- Death	0	2	2	1	0	1	0	0					6
Involuntary- Safety	0	0	0	0	0	0	0	0					0
Involuntary- Incarceration	0	0	0	0	0	0	0	0					0
Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0					0
Involuntary- Out of State	2	0	0	0	0	0	0	0					2
Total Disenrolled	2	3	4	3	3	4	1	6					26

Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	3	5	3	3	2	4	4					26
Involuntary- Death	10	11	7	10	5	13	13	7					76
Involuntary- Safety	0	0	0	0	0	0	0	0					0
Involuntary- Incarceration	0	0	0	1	0	0	0	0					1
Involuntary- NF > 90 Days	1	0	0	0	0	0	0	0					1
Involuntary- Out of State	0	0	0	0	1	0	0	0					1
Total Disenrolled	13	14	12	14	9	15	17	11					105

Analysis:

Census reflects the number of people in the facility on the last day of the month.

Greene Valley	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Census [June 2016 60]	60	58	57	57	55	50	44	37					
Discharges													
Death	0	1	0	0	0	0	0	0					1
Transition to another dev center	0	0	0	0	0	0	0	0					0
Transition to community state ICF	0	0	0	0	0	2	0	0					2
Transition to private ICF	0	1	1	0	2	3	6	7					20
Transition to waiver program	0	0	0	0	0	0	0	0					0
Transition to non DIDD svcs	0	0	0	0	0	0	0	0					0
Total Discharges	0	2	1	0	2	5	6	7					23

[illegible]

Harold Jordan Center	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14	14	14	14	15	13	13	12					
Admissions	FYTD												
HJC Day One (ICF)	0	0	0	0	0	0	0	0					0
HJC FAU (SF)	0	1	0	0	1	0	0	2					4
HJC BSU (SF)	0	0	0	0	1	0	2	1					4
Total Admissions	0	1	0	0	2	0	2	3					8
Discharges													
Death	0	0	0	0	0	0	0	0					0
Transition to community state ICF	0	0	0	0	0	0	0	0					0
Transition to private ICF	0	0	0	0	0	1	1	2					4
Transition to waiver program	0	1	0	0	1	1	0	0					3
Transition back to community	1	0	0	0	0	0	1	2					4
Total Discharges	1	1	0	0	1	2	2	4					11
East Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63	62	60	61	61	63	64	64					FYTD
Admissions	0	0	0	1	0	2	1	0					4
Discharges													
Death	0	1	2	0	0	0	0	0					3
Transition to another dev center	0	0	0	0	0	0	0	0					0
Transition to community state ICF	0	0	0	0	0	0	0	0					0
Transition to private ICF	0	0	0	0	0	0	0	0					0
Transition to waiver program	0	0	0	0	0	0	0	0					0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0					0
Total Discharges	0	1	2	0	0	0	0	0					3
Middle Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36	36	36	35	36	36	36	36					FYTD
Admissions	0	0	0	0	1	0	0	0					1
Discharges													
Death	0	0	0	1	0	0	0	0					1
Transition to another dev center	0	0	0	0	0	0	0	0					0
Transition to public state ICF	0	0	0	0	0	0	0	0					0
Transition to private ICF	0	0	0	0	0	0	0	0					0
Transition to waiver program	0	0	0	0	0	0	0	0					0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0					0
Total Discharges	0	0	0	1	0	0	0	0					1
West Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48	48	48	48	47	47	47	47					FYTD
Admissions	0	0	0	0	0	0	0	0					0
Discharges													
Death	0	0	0	0	1	0	0	0					1
Transition to another dev center	0	0	0	0	0	0	0	0					0
Transition to public state ICF	0	0	0	0	0	0	0	0					0
Transition to private ICF	0	0	0	0	0	0	0	0					0
Transition to waiver program	0	0	0	0	0	0	0	0					0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0					0
Total Discharges	0	0	0	0	1	0	0	0					1

Analysis:

For February 2017 HJC had 4 admissions and 5 discharges bringing the census to 12. ETCH had 0 discharges and 0 admissions which held the census at 64. MTH had 0 admissions which held the census at 36 , WTCH had 0 discharges and 0 admissions which held the census to 47 and GVDC had 7 transitions, which decreased the census to 37.

D Protection From Harm/ Complaint Resolution												
Data Source:												
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.												

Complaints by Source- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	1	0	0	0	0	0	0	1				
# from TennCare	0	0	0	0	0	0	0	0				
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from a Concerned Citizen	0	0	0	0	0	0	0	0				
% from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from the Waiver Participant	0	0	0	0	0	0	0	0				
% from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from a Family Member	0	0	0	0	0	0	0	0				
% from a Family Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from Conservator	1	0	0	0	0	0	0	1				
% from Conservator	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%				
# Advocate (Paid)	0	0	0	0	0	0	0	0				
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from PTP Interview	0	0	0	0	0	0	0	0				
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				

Complaints by Source - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	4	12	10	7	4	11	16	17				
# from TennCare	0	0	0	0	0	0	0	0				
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from a Concerned Citizen	2	6	4	1	1	1	0	1				
% from a Concerned Citizen	50%	50%	40%	14%	25%	9%	N/A	6%				
# from the Waiver Participant	0	0	0	1	0	2	3	1				
% from the Waiver Participant	N/A	N/A	N/A	14%	N/A	18%	19%	6%				
# from a Family Member	0	4	1	1	2	8	3	4				
% from a Family Member	N/A	33%	10%	14%	50%	73%	19%	24%				
# from Conservator	2	2	5	4	1	0	10	8				
% from Conservator	50%	17%	50%	57%	25%	N/A	63%	47%				
# Advocate (Paid)	0	0	0	0	0	0	0	0				
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from PTP Interview	0	0	0	0	0	0	0	3				
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%				

Complaints by Source - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	2	6	1	2	5	5	2	6				
# from TennCare	0	0	0	0	0	1	0	0				
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from a Concerned Citizen	1	3	1	0	0	1	0	1				
% from a Concerned Citizen	50%	50%	100%	N/A	N/A	20%	N/A	17%				
# from the Waiver Participant	1	0	0	0	0	1	0	0				
% from the Waiver Participant	50%	N/A	N/A	N/A	N/A	20%	N/A	N/A				
# from a Family Member	0	2	0	0	1	0	0	0				
% from a Family Member	N/A	33%	N/A	N/A	20%	N/A	N/A	N/A				
# from Conservator	0	1	0	2	4	3	0	5				
% from Conservator	N/A	17%	N/A	100%	80%	60%	N/A	83%				
# Advocate (Paid)	0	0	0	0	0	0	0	0				
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# from PTP Interview	0	0	0	0	0	0	2	0				
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A				

Complaints by Issue- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	1	0	0	0	0	0	0	1				
# Behavior Issues	0	0	0	0	0	0	0	0				
% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Day Service Issues	0	0	0	0	0	0	0	0				
% Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Environmental Issues	0	0	0	0	0	0	0	0				
% Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Financial Issues	0	0	0	0	0	0	0	0				
% Financial Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Health Issues	0	0	0	0	0	0	0	0				
% Health Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Human Rights Issues	0	0	0	0	0	0	0	0				
% Human Rights Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# ISC Issues	0	0	0	0	0	0	0	0				
% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# ISP Issues	0	0	0	0	0	0	0	0				
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Staffing Issues	1	0	0	0	0	0	0	1				
% Staffing Issues	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%				
# Therapy Issues	0	0	0	0	0	0	0	0				
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Transportation Issues	0	0	0	0	0	0	0	0				
% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Case Management Issues	0	0	0	0	0	0	0	0				
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Other Issues	0	0	0	0	0	0	0	0				
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				

Complaints by Issue - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	4	12	10	7	4	11	16	17				
# Behavior Issues	0	0	1	0	0	0	0	0				
% Behavior Issues	N/A	N/A	10%	N/A	N/A	N/A	N/A	N/A				
# Day Service Issues	0	0	0	1	0	2	3	1				
% Day Service Issues	N/A	N/A	N/A	14%	N/A	18%	19%	6%				
# Environmental Issues	0	0	0	0	0	0	1	0				
% Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A				
# Financial Issues	0	3	3	0	0	1	2	1				
% Financial Issues	N/A	25%	30%	N/A	N/A	9%	13%	6%				
# Health Issues	0	2	1	0	1	2	0	1				
% Health Issues	N/A	17%	10%	N/A	25%	18%	N/A	6%				
# Human Rights Issues	0	2	2	2	0	1	0	3				
% Human Rights Issues	N/A	17%	20%	29%	N/A	9%	N/A	18%				
# ISC Issues	0	0	0	1	0	2	2	1				
% ISC Issues	N/A	N/A	N/A	14%	N/A	18%	13%	6%				
# ISP Issues	0	0	0	0	0	0	0	1				
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%				
# Staffing Issues	4	5	3	3	3	3	7	9				
% Staffing Issues	100%	42%	30%	43%	75%	27%	44%	53%				
# Therapy Issues	0	0	0	0	0	0	0	0				
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Transportation Issues	0	0	0	0	0	0	1	0				
% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A				
# Case Management Issues	0	0	0	0	0	0	0	0				
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Other Issues	0	0	0	0	0	0	0	0				
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				

Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2	6	1	2	5	5	2	6				
# Behavior Issues	0	1	0	0	0	0	0	0				
% Behavior Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A				
# Day Service Issues	1	0	0	0	0	1	0	1				
% Day Service Issues	50%	N/A	N/A	N/A	N/A	20%	N/A	17%				
# Environmental Issues	0	1	0	0	0	0	0	0				
% Environmental Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A				
# Financial Issues	0	2	0	1	1	0	0	0				
% Financial Issues	N/A	33%	N/A	50%	20%	N/A	N/A	N/A				
# Health Issues	0	0	1	0	0	1	0	1				
% Health Issues	N/A	N/A	100%	N/A	N/A	20%	N/A	17%				
# Human Rights Issues	1	1	0	0	0	1	1	1				
% Human Rights Issues	50%	17%	N/A	N/A	N/A	20%	50%	17%				
# ISC Issues	0	0	0	0	0	0	0	0				
% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# ISP Issues	0	0	0	0	0	0	1	0				
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A				
# Staffing Issues	0	0	0	1	4	2	0	3				
% Staffing Issues	N/A	N/A	N/A	50%	80%	40%	N/A	50%				
# Therapy Issues	0	0	0	0	0	0	0	0				
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Transportation Issues	0	1	0	0	0	0	0	0				
% Transportation Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A				
# Case Management Issues	0	0	0	0	0	0	0	0				
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
# Other Issues	0	0	0	0	0	0	0	0				
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR February, 2017 REPORT.

There were **(24) complaint issues** statewide by provider reports as documented in Crystal Reports. This is an increase of six **(6)** from the previous month. There was one **(1) SD Waiver** complaint. There were six **(6)** complaint issues from the **CAC** waiver and seventeen **(17)** complaint issues for the **Statewide** Waiver. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those due, there was **100% compliance** for resolving complaints within 30 days for the month of **February** 2017.

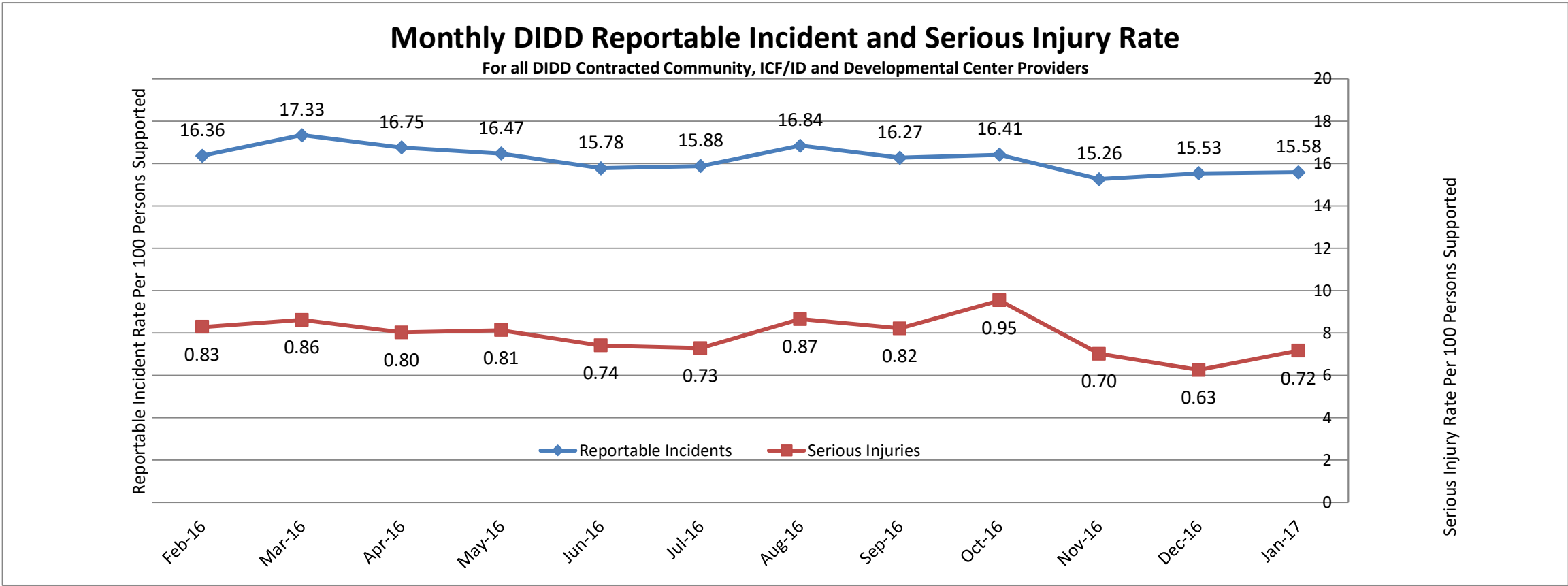
THE MAIN COMPLAINT ISSUES involved Staff Supervision/Management (7), Staff Communication (6), Human Rights (4), Day Services (2), Health Related (2), Financial (1), ISP (1) and ISC (1).

There were a total of **27 advocacy interventions** completed by the statewide CFS team in February 2017. This is a decrease of **(10)** interventions from the prior month. Advocacy interventions are activities conducted by CFS, as requested, that are not formal complaints documented in COSMOS.**

FOCUS GROUPS were held in Memphis, Jackson, Greeneville, and Knoxville. There were approximately **140** participants in the Focus Groups. Topics included history of creating Focus Groups, PCF process, First Aid, Planning, and Upcoming Topics. **

****Of note Middle Region's Focus Groups have been placed on hold until another venue can be located. One Cannon Way is under reconstruction.**

D Protection From Harm/Incident Management														
Data Source:														
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.														
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.														
Incidents / East		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	497	508	533	570	586	540	559	489					4282
	Rate of Reportable Incidents per 100 people	15.00	15.32	16.17	17.299	17.75	16.45	17.11	15.02					16.3
	# of Serious Injuries	26	17	29	34	29	24	21	23					203
	Rate of Incidents that were Serious Injuries per 100 people	0.78	0.51	0.88	1.03	0.88	0.73	0.64	0.706					0.8
	# of Incidents that were Falls	35	29	37	38	34	33	50	26					282
	Rate of Falls per 100 people	1.06	0.87	1.12	1.15	1.03	1.01	1.53	0.799					1.1
	# of Falls resulting in serious injury	8	9	12	17	10	15	10	9					90
	% of serious injuries due to falls	30.8%	52.9%	41.4%	50.0%	34.5%	62.5%	47.6%	39.1%					44.9%
Incidents / Middle		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	520	529	569	464	479	415	465	451					3892
	Rate of Reportable Incidents per 100 people	16.12	16.3	17.62	14.356	14.83	12.89	14.47	14.08					15.1
	# of Serious Injuries	24	30	28	30	33	26	19	22					212
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.92	0.88	0.93	1.02	0.81	0.59	0.687					0.8
	# of Incidents that were Falls	25	54	32	46	49	38	30	32					306
	Rate of Falls per 100 people	0.78	1.66	0.99	1.42	1.52	1.18	0.93	0.999					1.2
	# of Falls resulting in serious injury	9	15	12	12	18	11	12	12					101
	% of serious injuries due to falls	37.5%	50.0%	42.9%	40.0%	54.5%	42.3%	63.2%	54.5%					48.1%
Incidents / West		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	409	404	416	432	414	415	367	451					3308
	Rate of Reportable Incidents per 100 people	16.36	16.17	16.71	17.41	16.69	16.75	14.83	18.28					16.7
	# of Serious Injuries	17	19	21	10	24	13	16	19					139
	Rate of Incidents that were Serious Injuries per 100 people	0.68	0.76	0.84	0.40	0.97	0.52	0.65	0.77					0.7
	# of Incidents that were Falls	22	28	34	12	33	29	30	25					213
	Rate of Falls per 100 people	0.88	1.12	1.37	0.48	1.33	1.17	1.21	1.013					1.1
	# of Falls resulting in serious injury	9	9	13	2	7	8	9	10					67
	% of serious injuries due to falls	52.9%	47.4%	61.9%	20.0%	29.2%	61.5%	56.3%	52.6%					47.7%
Incidents / Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	1426	1439	1518	1466	1479	1370	1391	1391					11480
	Rate of Reportable Incidents per 100 people	15.78	15.88	16.84	16.27	16.41	15.26	15.53	15.58					15.9
	# of Serious Injuries	67	66	78	74	86	63	56	64					554
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.73	0.87	0.82	0.95	0.70	0.63	0.717					0.8
	# of Incidents that were Falls	82	111	103	96	116	100	110	83					801
	Rate of Falls per 100 people	0.91	1.23	1.14	1.07	1.29	1.11	1.23	0.93					1.1
	# of Falls resulting in serious injury	26	33	37	31	35	34	31	31					258
	% of serious injuries due to falls	38.8%	50.0%	47.4%	41.9%	40.7%	54.0%	55.4%	48.4%					47.1%



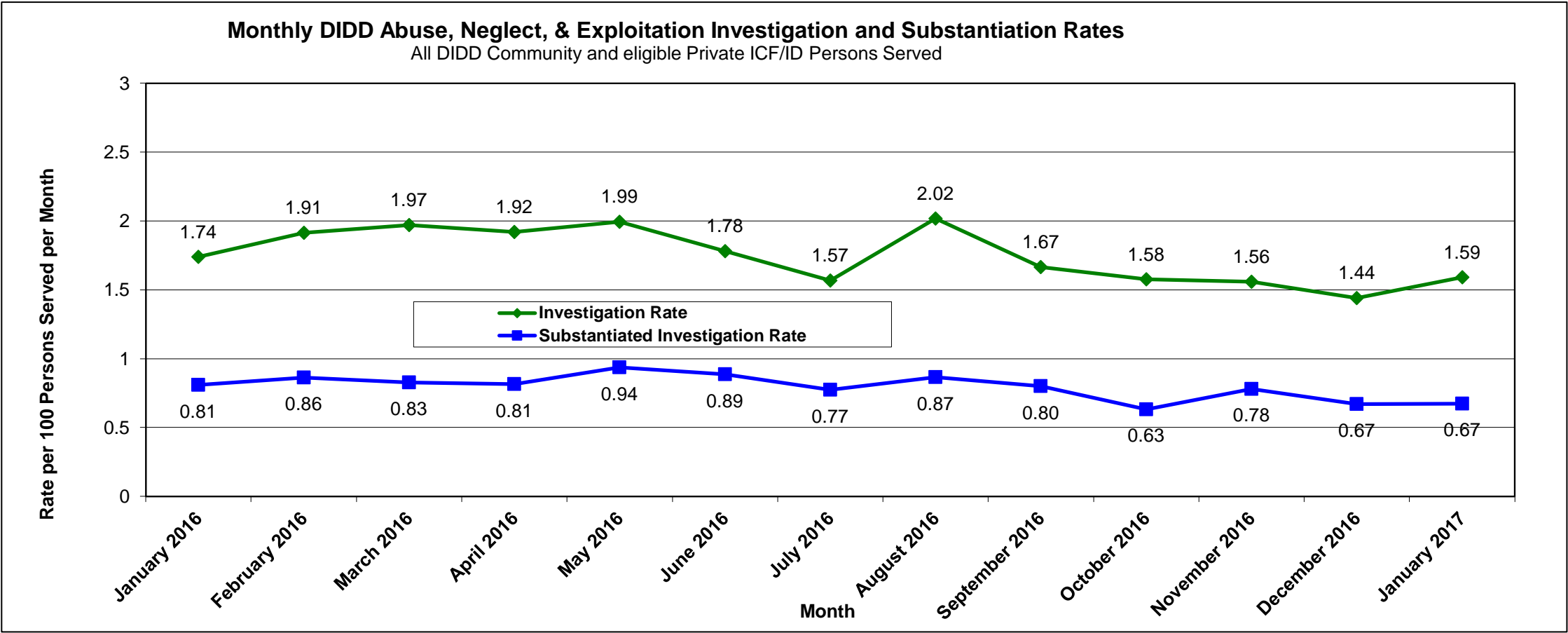
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for January 2017 increased from 15.53 to 15.58. The rate of Serious Injury per 100 persons supported increased from 0.63 to 0.72. The rate of Falls per 100 persons supported decreased from 1.23 to 0.93. The number of Serious Injuries due to Falls did not change (31). The percentage of Serious Injuries due to Falls was 48.4%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for February 2015 – January 2017 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, February 2015 – January 2016, was 15.50 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, February 2016 – January 2017, is 16.21 per 100 persons supported. Analysis showed an increase of 0.71 in the average incident rate.

D	Protection From Harm/Investigations												
	East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
	Census	3314	3317	3296	3295	3302	3282	3268	3256				
	# of Investigations	52	41	49	36	38	36	35	39				
	Rate of Investigations per 100 people	1.57	1.24	1.49	1.09	1.15	1.10	1.07	1.20				
	# of Substantiated Investigations	23	19	11	12	17	19	15	16				
	Rate of Substantiated Investigations per 100 people	0.69	0.57	0.33	0.36	0.51	0.58	0.46	0.49				
	Percentage of Investigations Substantiated	44%	46%	22%	33%	45%	53%	43%	41%				
Middle Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3225	3245	3230	3232	3229	3220	3214	3204				
# of Investigations		60	58	79	57	51	56	48	46				
Rate of Investigations per 100 people		1.86	1.79	2.45	1.76	1.58	1.74	1.49	1.44				
# of Substantiated Investigations		36	36	41	29	22	31	24	25				
Rate of Substantiated Investigations per 100 people		1.12	1.11	1.27	0.90	0.68	0.96	0.75	0.78				
Percentage of Investigations Substantiated		60%	62%	52%	51%	43%	55%	50%	54%				
West Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		2500	2499	2489	2482	2480	2477	2474	2467				
# of Investigations		49	43	54	57	53	48	46	57				
Rate of Investigations per 100 people		1.96	1.72	2.17	2.30	2.14	1.94	1.86	2.31				
# of Substantiated Investigations		21	15	26	31	18	20	21	19				
Rate of Substantiated Investigations per 100 people		0.84	0.60	1.04	1.25	0.73	0.81	0.85	0.77				
Percentage of Investigations Substantiated		43%	35%	48%	54%	34%	42%	46%	33%				
Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		9039	9061	9015	9009	9011	8979	8956	8927				
# of Investigations		161	142	182	150	142	140	129	142				
Rate of Investigations per 100 people		1.78	1.57	2.02	1.67	1.58	1.56	1.44	1.59				
# of Substantiated Investigations		80	70	78	72	57	70	60	60				
Rate of Substantiated Investigations per 100 people		0.89	0.77	0.87	0.80	0.63	0.78	0.67	0.67				
Percentage of Investigations Substantiated		50%	49%	43%	48%	40%	50%	47%	42%				



D	Protection From Harm/Investigations
Analysis:	

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of January, 2017, 142 investigations were completed across the State. The statewide average for the past 12 months was 157 investigations. Thirty-nine (39) of these originated in the East Region, forty-six (46) in the Middle Region, and fifty-seven (57) in the West Region. Middle had a decrease in cases opened compared to the previous month by two (2), East increased by four (4) and West increased by eleven (11) investigation. The monthly average for investigations by region for the past twelve months was East 46, Middle 59, and West 52 investigations.

Statewide, investigations were opened at a rate of 1.59 investigations per 100 people served and the census was 8927. The twelve month average is 1.75 investigations per 100 people served. The East opened investigations at a rate of 1.20 investigations per 100 people served, census of 3256. East's twelve month average is 1.40 investigations per 100 people served. The Middle opened investigations at a rate of 1.44 investigations per 100 people served, census of 3204, and the average for the last 12 months is 1.83. The West opened investigations at a rate of 2.31 per 100 people served, census of 2467, and their average for the past twelve months is 2.10.

Sixty (60), or 42%, of the 142 investigations opened statewide in January, 2017, were substantiated for abuse, neglect, or exploitation. This was a decrease from the prior reporting period, which was 60 and 47%. The Middle substantiated investigations at the highest percentage of 54% per 100 people (25 substantiated investigations), compared to the 41% substantiated in the East (16 substantiated investigations), and the 33% substantiated in the West (19 substantiated investigations). The statewide average for the past 12 months is 45%. The monthly average by region for the past 12 months is 41% East, 53% Middle, and 40% West.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at 0.67 or 42% during January, 2017. The West substantiated investigations at the rate of .77 or 33% substantiated investigations per 100 people served, Middle with .78 or 54% substantiated investigations per 100 people served, and East .49 41% substantiated investigations per 100 people served. The statewide percentage of investigations substantiated for the past 12 months is 45%; East Region is 41%, Middle 53%, and West 40%.

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Service Requests Received	2706	2677	2759	2475	2268	2225	2297	2847				
Total Adverse Actions (Incl. Partial Approvals)	46	36	36	36	25	43	39	52				
% of Service Requests Resulting in Adverse Actions	2%	1%	1%	2%	1%	2%	2%	2%				
Total Grier denial letters issued	24	30	23	22	21	34	31	31				
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0	1	1				
Termination	0	0	0	0	0	0	0	0				
Reduction	0	0	0	0	0	0	0	0				
Suspension	0	0	0	0	0	0	0	0				
Total Received	0	0	0	0	0	0	1	1				
DENIAL OF SERVICE												
Total Received	0	0	0	0	0	0	3	2				
Total Grier Appeals Received	0	0	0	0	0	0	4	3				
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0				
Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0				
TOTAL HEARINGS	4	0	1	0	0	1	0	0				
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0				
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0				
Other	1	0	0	0	0	0	0	0				
Total Directives Received	1	1	0	0	0	0	0	0				
Overturned Directives	0	1	0	0	0	0	0	0				
MCC Directives	0	0	0	\$0	0	0	0	0				
Cost Avoidance (Estimated)	\$17,064	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
LATE RESPONSES												
Total Late Responses	0	0		0	0	0	0	0				
Total Days Late	0	0	0	0	0	0	0	0				
Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00				
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0				
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
*fine amount is based on timely responses								0				
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	6	0	1	2	1	0	0				
Continuing Delay Issues (Unresolved)	3	4	5	2	2	4	5	3				
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	113				
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$56,500				

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	3298	2805	2769	2986	2348	2480	2100	2625				
Total Adverse Actions (Incl. Partial Approvals)	234	143	139	100	87	106	88	98				
% of Service Requests Resulting in Adverse Actions	7%	5%	5%	3%	4%	4%	4%	4%				
Total Grier denial letters issued	76	77	88	65	55	71	44	81				
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0	0	0				
Termination	0	0	0	0	0	0	0	0				
Reduction	0	0	0	0	0	0	0	0				
Suspension	0	0	0	0	0	0	0	0				
Total Received	1	0	0	1	0	0	0	0				
DENIAL OF SERVICE												
Total Received	3	7	5	4	4	4	9	0				
Total Grier Appeals Received	4	7	5	5	4	4	9	0				
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0				
Total appeals overturned upon reconsideration	0	0	2	0	0	0	1	1				
TOTAL HEARINGS	2	1	0	3	3	1	2	0				
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0				
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0				
Other	1	0	1	0	0	0	1	0				
Total Directives Received	1	0	1	0	0	0	1	0				
Overturned Directives	0	0	0	0	0	0	0	0				
MCC Directives	0	0	0	0	0	0	0	0				
Cost Avoidance (Estimated)	\$32,226	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0				
Total Days Late	0	0	0	0	0	0	0	0				
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0				
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	1	0	0	0	1	0	0	0				
Continuing Delay Issues (Unresolved)	1	1	0	0	1	0	0	0				
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0	0	0				
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0	\$0	\$0				

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	1503	2079	1649	2384	2226	2159	1704	1942				
Total Adverse Actions (Incl. Partial Approvals)	71	152	83	172	180	150	90	145				
% of Service Requests Resulting in Adverse Actions	5%	7%	5%	7%	8%	7%	5%	8%				
Total Grier denial letters issued	96	126	112	105	112	105	72	94				
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0	0	0				
Termination	0	0	0	0	0	0	0	0				
Reduction	0	0	0	0	0	0	0	0				
Suspension	0	0	0	0	0	0	0	0				
Total Received	0	0	0	0	0	0	0	0				
DENIAL OF SERVICE												
Total Received	0	3	3	3	4	4	2	5				
Total Grier Appeals Received	0	3	3	3	4	4	2	5				
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0				
Total appeals overturned upon reconsideration	0	1	1	3	2	2	2	2				
TOTAL HEARINGS	2	2	1	0	4	4	2	0				
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	2	2	2	0				
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0				
Other	0	0	0	0	0	0	0	0				
Total Directives Received	0	0	0	0	0	0	0	0				
Overturned Directives	0	0	0	0	0	0	0	0				
MCC Directives	0	0	0	0	0	0	0	0				
Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0				
Total Days Late	0	0	0	0	0	0	0	0				
Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00				
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0				
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	0	2	1	1	1	3	0				
Continuing Delay Issues (Unresolved)	1	2	2	2	1	0	0	1				
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	15				
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,500				

Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	7507	7561	7177	7845	6842	6864	6101	7414				
Total Adverse Actions (Incl. Partial Approvals)	351	331	258	308	292	299	217	295				
% of Service Requests Resulting in Adverse Actions	5%	4%	4%	4%	4%	4%	4%	4%				
Total Grier denial letters issued	196	233	223	192	188	210	147	206				
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0	1	1				
Termination	0	0	0	0	0	0	0	0				
Reduction	0	0	0	0	0	0	0	0				
Suspension	0	0	0	0	0	0	0	0				
Total Received	1	0	0	1	0	0	1	1				
DENIAL OF SERVICE												
Total Received	3	10	8	7	8	8	14	7				
Total Grier Appeals Received	4	10	8	8	8	8	15	8				
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0				
Total appeals overturned upon reconsideration	0	1	3	3	2	2	3	3				
TOTAL HEARINGS	8	3	2	3	3	2	2	0				
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0				
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0				
Other	2	1	1	0	0	0	1	0				
Total Directives Received	2	1	1	0	0	0	1	0				
Overturned Directives	0	0	0	0	0	0	0	0				
MCC Directives	0	0	0	0	0	0	0	0				
Cost Avoidance (Estimated)	\$49,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Cost Avoidance (Total Month-Estimated)	\$49,290	\$0	\$91,396	\$0	\$11,574	\$0	\$31,598	\$0				
Cost Avoidance (FY 2017-Estimated)	\$1,047,036	\$0	\$91,396	\$91,396	\$102,970	\$102,970	\$134,568	\$134,568				
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0				
Total Days Late	0	0	0	0	0	0	0	0				
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00				
Total Defective Notices Received	0	0	0	0	0	0	0	0				
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	5	3	2	2	4	2	3	0				
(Unresolved)	5	7	7	4	4	4	5	4				
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0	0	128				
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0	\$0	\$64,000				

Appeals:

The DIDD received 8 appeals in January, compared to 15 received during the previous month (46.7% decrease in volume). Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that January experienced a 29.8% decrease in volume based on this average.

The DIDD received 7414 service requests in January compared to 6101 received in December (21.5% increase in volume). The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that January experienced a .2% increase in volume based on this average.

4% of service plans were denied statewide in January compared to 3.6% in December. The average of service plans denied per month during Fiscal Year 2016 was 4.4%, indicating that January experienced a slight decrease in denied plans (.4%).

Directives:

No directives were received statewide during this reporting month.

Cost Avoidance:

There was no cost avoidance during this reporting month. Statewide, total cost avoidance remains at **\$134,568.41** for the fiscal year.

Sanctioning/fining issues:

In January, DIDD received liquidated damages regarding 3 delay of service issues. The West region had one delay of service issue where PA was not provided for 15 days. Dynamic Family Care Services was the provider in this case (\$7,500.00). The 2 remaining issues were received in the East region, where 87 days of Nursing services was not provided by Care Choices (\$43,500.00) and 26 days of Day services was not provided by SSMS (\$13,000.000). **Total sanctions statewide for January was \$134,568.41.**

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	15				19			
Total Census of Providers Surveyed	289				318			
# of Sample Size	70				78			
% of Individuals Surveyed	24%				25%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	86%	13%	0%	0%	89%	10%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	73%	26%	0%	0%	68%	31%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	66%	33%	0%	0%	73%	26%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	86%	13%	0%	0%	78%	21%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	86%	13%	0%	0%	89%	10%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	40%	60%	0%	0%	36%	63%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	75%	8%	8%	8%	73%	0%	6%	13%
Domain 5: Health								
Outcome A. The person has the best possible health.	73%	20%	6%	0%	73%	21%	5%	0%
Outcome B. The person takes medications as prescribed.	63%	27%	9%	0%	66%	26%	6%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.	93%	6%	0%	0%	94%	5%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	86%	13%	0%	0%	89%	10%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	66%	26%	6%	0%	57%	36%	5%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	73%	26%	0%	0%	68%	31%	0%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	73%			26%	68%			31%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	94%	5%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	53%	46%	0%	0%	57%	36%	5%	0%
Outcome B. People's personal funds are managed appropriately.	27%	54%	18%	0%	28%	50%	21%	0%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome C. Safeguards are in place to protect the person from harm.								
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.								
Outcome C. The person exercises his or her rights.								
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.								
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.								
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.								
Outcome B. The person and family members have information and support to make choices about their lives.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received								
Outcome C. Provider staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD								

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	2				2			
Total Census of Providers Surveyed	153				153			
# of Sample Size	11				11			
% of Individuals Surveyed	7%				7%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	50%	50%	0%	0%	50%	50%	0%
Outcome B. Services and supports are provided according to the person's plan.	50%	50%	0%	0%	50%	50%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	0%	100%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	50%	50%	0%	0%	50%	50%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	0%	100%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received	100%			0%	100%			0%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome C. Safeguards are in place to protect the person from harm.								
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.								
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.								
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.								
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider staff are adequately supported.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome C. Safeguards are in place to protect the person from harm.								
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.								
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received								
Outcome C. Provider staff are adequately supported.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

QA Summary for QM Report (thru 2/2017 data)

Performance Overview- Calendar Year 2017 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	19%	21%	N/A	N/A	N/A	N/A	N/A
Proficient	38%	32%	N/A	N/A	100%	N/A	N/A
Fair	50%	50%	N/A	N/A	N/A	N/A	N/A
Significant Concerns	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	21	19	N/A	N/A	2%	N/A	N/A

Day / Residential Providers:

Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Community Options, East Tennessee Personal Care Services, Independent Opportunities, Sweetwater Living; Middle- Buffalo River Services, Easter Seals Tennessee, New Life- TN, Reaching Visions Today, Resources for Human Development, Sunny Brook Home; West- Auxilium Health Services, Bubba’s Better Life, Capitol City Residential Healthcare TN, Freedom Co-op, KeyOptions Community Care.

East Region:
Community Options, Inc.: The 2017 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. This is the same score that the agency received in 2016.
The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan.
- Provider staff receive appropriate training.
- Services are provided and billed for in accordance with DIDD requirements.

A recoupment letter was sent to the provider on February 27, 2017 in the amount of \$4,846.99. The recoupment was specific to the agency billing In Home (IH) Day and Community Based (CB) Day when documentation did not support the provision of the service or was not available. The agency contacted the QA Director and indicated that there was an error in the letter. A new letter is in the process of being drafted and the total amount of the recoupment may be reduced.

Personal funds accounts: 2 accounts were reviewed, 0 contained issues.

Independent Opportunities, Inc.: The 2017 QA survey resulted in the agency receiving a score of 50. This places them in the Fair range of performance. Compared to their 2016 survey results, this is a 4-point increase in compliance (46 in 2016); however, due to the minimal score in domain 10, the agency's Performance Rating remained the same (Fair-2016). This increase in compliance was specific to improvements identified in Domains 2 (PC-SC) and 9 (PC-SC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Services are provided and billed for in accordance with DIDD requirements.
- The personal property inventory policy contains procedures regarding when items are brought into or removed from the home (This has been a repeat issue since 2014 – indicator 10.B.1).
- An adequate separation of duties is maintained for the management of personal funds. (This has been a repeat issue since 2014 – indicator 10.B.2).
- Food & household supply expenses are split equally among housemates. (This has been a repeat issue since 2014 – indicator 10.B.3).

Personal funds accounts: 4 accounts were reviewed, 4 contained issues. The provider should focus efforts to ensure:

- People do not pay late fees and logs do not contain calculation errors.
- Personal Property Inventories have descriptions of items purchased.
- People’s checking accounts do not exceed the maximum allowed for eligibility and leases are available.

A recoupment letter was sent to the provider on February 14, 2017 in the amount of \$1,447.72. The recoupment was specific to the agency billing Community Based (CB) Day when documentation did not support the provision of the service.
The provider requested a review of their survey results and an ORR of the recoupment on 2/17/17. These reviews are in process.

Sweetwater Living, LLC.: The 2017 QA survey resulted in the agency receiving a score of 46. This places them in the Fair range of performance. Compared to their 2016 survey results, this is a 4-point decrease in compliance (50 Fair in 2016). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) and 10 (SC-PC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Documentation indicates appropriate monitoring of the plan's implementation.
- Potential employees are screened. (Criminal and Registry checks were not completed within the required time frame and one staff had been convicted of a felony offense and the agency had not requested an exemption).
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.
- Provider staff receive appropriate training.
- Services are provided and billed for in accordance with DIDD requirements.
- Checks are accounted for in Personal Funds records. (This is a repeat issue – indicator 10.B.2).

Personal funds accounts: 2 accounts were reviewed, 2 contained issues. The provider should focus efforts to ensure:

- Personal funds logs do not contain errors, receipts are retained and contain all required information, and household expenses are split equally among housemates.

A recoupment letter was sent to the provider on February 17, 2017 in the amount of \$320.59. The recoupment was specific to the agency billing Personal Assistance (PA) and In Home (IH) Day when documentation did not support the provision of the service or was not available.

A Sanction Warning letter is forthcoming regarding New Hire Staff Training. Also, a Sanction Letter is forthcoming regarding New Hire Staff Qualifications.

Middle Region:

Sunny Brook Home, Inc.- Residential: The exit conference was held on February 9, 2017.

Scored 48 Exceptional on the 2017 QA survey.

- The agency was a 4 Star provider in 2016.
- Domain 3: There were no new employees hired during the past year.
- Domain 5: The staff on duty during the home visit was unaware that a soft ground diet was ordered for the individual supported.
- Domain 9: Training was completed timely for the one tenured staff reviewed.
- Domain 10: No billing issues were identified. The agency does not serve as Representative Payee.

Reaching Visions Today- Day/Res: The exit conference was declined.

- Scored 44 Fair on the 2017 QA survey.
- The agency scored 38 Fair on the 2016 QA survey.
- Domain 2 increased from Partial to Substantial Compliance.
- Domains 3 & 10 increased from Minimal to Partial Compliance.
- Domains 4, 5, & 9 remained Partial Compliance.
- Domain 3: One issue with an unsanitary home was noted during the QA visit. Criminal Background, registry, and the OIG checks were completed appropriately for the 3 new employees with a compliance rating of 100%. Four instances of under-reported were noted during the survey. A uniform process for completing reviews of Reportable Staff Misconduct was not implemented. Documentation was not maintained to reflect the resolution of the issues identified. The agency's Incident Management Committee did not meet per requirements.
- Domain 4: Consents were not completed appropriately for one individual and the psychotropic medications were not consistently reviewed by the HRC.
- Domain 5: Medications were not provided and administered per physician's orders.
- Domain 9: Although a variety of self-assessment activities were noted, all required self-assessment activities were not completed. Systemic issues were not resolved. The agency quality improvement plan did not contain all required components. Training was completed timely for new staff with a compliance rating of 100% for all modules. Tenured staff training was 90.9% for CPR and First Aid for the 11 staff reviewed. Medication Administration recertification was 100% compliant.
- Domain 10: Billing issues were noted for one person reviewed due to billing for Community Based Day services with no evidence of the required amount of time and Supported Living Level 4 due to lack of documentation of a second staff person. Recoupment occurred. Minor Personal Funds Management issues were identified for 3 of the 4 individuals reviewed due to one person's account being substantially over the allowable limit, the lack of maintenance of receipts, late fees and double payment of a bill. Personal property inventories were not up to date and/or valued.

Easter Seals- Day, Personal Assistance: The exit conference was held on February 10, 2017.

- Scored 46 Fair on the 2017 QA survey.
- The agency scored 52 Proficient on the 2016 QA survey.
- Domains 2, 5, & 10 decreased from Substantial to Partial Compliance.
- Domain 3 remained Partial Compliance.
- Domain 2: The information on the Monthly Reviews was vague and did not include information specific to the month reviewed. The reviews were almost identical for the months of June through December.
- Domain 3: A blank reportable incident form was not available during the home visit. Criminal Background, Abuse, Sexual Offender, and the OIG checks were completed appropriately for the 3 new employees with a compliance rating of 100%. The Felony Offender check was not completed timely for a compliance rating of 66.7%. A Sanction Warning occurred.
- Domain 5: The staff on duty during the home visit was unaware that a soft ground diet was ordered for the individual supported.
- Domain 9: Training was completed timely for new staff with a compliance rating of 100% for all modules.
- Domain 10: Billing issues were identified with the provision of Personal Assistance and Community Based Day services. Recoupment and a rate adjustment occurred. The agency does not serve as Representative Payee.

New Life- Day/Res, Personal Assistance: The exit conference was held on February 8, 2017.

Scored 38 Fair on the 2017 QA survey.

- The agency scored 46 Fair on the 2016 QA survey.
- Domains 2, 4, 8, & 9 decreased from Substantial to Partial Compliance.
- Domain 5 decreased from Partial to Minimal Compliance.
- Domain 10 increased from Minimal to Partial Compliance.
- Domain 3 remained Partial Compliance.
- Domain 2: Risk Issues Identification Tools were not completed within the required timeframes for three individuals. Monthly Reviews were not completed in a timely manner, did not address all applicable outcomes, and did not provide a reasonable overview of agency efforts to implement ISPs.
- Domain 3: Fire drills were not completed during typical sleeping hours in one home, a safety concern due to inadequate lighting in a bedroom was discovered during a home visit, an issue with one home with a strong urine odor and need for a new mattress/mattress cover were identified. Staff in one home was not familiar with the requirements for reporting incidents, abuse, and neglect. Criminal Background, registry, and the OIG checks were completed appropriately for the 28 new employees with a compliance rating of 100%. Based upon the number of medication variances undetected by the agency, the trending completed is not considered valid.
- Domain 4: Outcome 4.D. scored Minimal Compliance due to consents not being obtained per requirements for the three individuals reviewed and psychotropic medications not reviewed for the past year for two individuals by the HRC.
- Domain 5: Scored Minimal Compliance due to medical exams not occurring timely for 4 of the 5 individuals reviewed and physician's orders not being in place for all medications being administered for 4 of the 5 people reviewed. Numerous issues with medication administration were identified for three individuals which included medications being administered more frequently than ordered, medications not being started and/or discontinued as ordered, medications being administered on the wrong days of the week, medications not being included on the MARs for months, and medications not being administered. Medication Variance forms were not consistently completed. A colonoscopy preparation was not completed as ordered for one individual. Systemic concerns were identified with the maintenance of MARs, including initials being altered without accompanying explanations, medications being transcribed incorrectly, physicians' instructions not being included, and incorrect dates.
- Domain 8: Issues were identified with the lack of productive and age appropriate activities provided in the Facility Based Day Center.
- Domain 9: Although a variety of self-assessment activities were noted, based upon the overall findings during the QA survey, self-assessment processes did not result in adequate analyses of internal processes. Meaningful change was not noted from the agency internal quality improvement plan. Training was completed timely for new staff with a compliance rating of 100% for all modules. Tenured staff training was 90% for CPR and First Aid for the 20 staff reviewed. Medication Administration recertification was 100% compliant.
- Domain 10: Progress was noted in this Domain. Isolated billing issues were identified for three people reviewed due to billing for one day of Community Based Day, one day of Facility Based Day, and one instance of Transportation when services were not documented as provided; recoupment occurred. The lack of internal controls for Personal Funds Management remains an area of concern for this provider. Two individuals were saving money for a trip and funds were being recorded on ledger sheets. Minor Personal Funds Management issues were identified regarding the lack of maintenance of receipts and overpayment for household expenses for 3 of the 4 individuals reviewed. Personal property inventories were not up to date.

Buffalo River Services- Day/Residential, Medical Residential, Personal Assistance: The exit conference was declined. The director later contacted QA for an exit conference which was held on March 2, 2017.

- Scored 46 Fair on the 2017 QA survey.
- The agency scored 54 Exceptional on the 2016 QA survey.
- Domains 3, 5, 9, & 10 decreased from Substantial to Partial Compliance.
- Domain 3: Registry checks and the OIG checks were completed appropriately for the 38 new employees with a compliance rating of 92.1%. The Criminal Background checks were not completed timely for a compliance rating of 84.2%; a Sanction Warning occurred. Medication variance trending was completed; however, due to the number of medication errors identified during the survey that were not previously identified by the agency, this information is not considered valid.
- Domain 5: Annual physical and dental examinations were not completed for four individuals in the sample. Information was not submitted to the prescriber of psychotropic medications. Exceptions were noted regarding medications not being provided nor administered in accordance with physician's orders. Issues included medications being started late and not being available for administration. One medication could not be located during a home visit.
- Domain 9: Documentation of service delivery could not be accessed from TIMAS in the Lawrenceburg office. Training was completed timely for new staff with a compliance rating of 91.9% or above for all modules. Tenured staff training was 100% compliant for the 20 employees reviewed.
- Domain 10: Billing issues were identified with the provision of Community Based Day services due to lack of documentation of the required number of hours; recoupment occurred. Minor Personal Funds Management issues were identified for 3 of the 4 individuals reviewed due to account balances exceeding the maximum allowed for 2 individuals, lack of maintenance of receipts, bank fees, overpayment of rent, repairs to a home, and use of personal funds to pay for housemate's expenses. Issues with month-to-month leases without approval were noted. The provider had noted some issues with personal funds management; however, reimbursement did not occur timely. Personal property inventories were not up to date and/or valued.
- The agency has requested a review of QA findings.

Resources for Human Development- Day/Res: The exit conference was conducted on February 23, 2017.

- Scored 48 Proficient on the 2017 QA survey.
- The agency scored 44 Fair on the 2016 QA survey.
- Domains 2, 4 & 9 increased from Partial to Substantial Compliance.
- Domains 5 decreased from Substantial to Partial Compliance.
- Domains 3 & 10 remained Partial Compliance.
- Domain 3: The staff in two of the four homes visited were not familiar with the required timeframes for reporting incidents, abuse, and neglect. There was no blank Reportable Incident Form available in one home visited. Criminal Background, registry, and the OIG checks were completed appropriately for the 49 new employees with a compliance rating of 100%. Medication variance trending was completed; however, due to the number of medication errors identified during the survey that were not previously identified by the agency, this information is not considered valid. The agency's Incident Management Committee did not meet per requirements.
- Domain 5: Tardive Dyskinesia screenings were not completed per requirements. Psychotropic medication reviews did not occur per requirements for three individuals reviewed. Medications administration errors were identified for three individuals and issues were identified with the maintenance of MARs for one person.
- Domain 9: Training was completed timely for new staff with a compliance rating of 100% for all modules. Tenured staff training was 100% for the 20 staff reviewed.
- Domain 10: Billing issues were noted for one person reviewed due to billing for Community Based Day Level 6 services with no evidence of the required amount of time for one day and Supported Living Level 6 due to billing when the person was on a family visit for one night, recoupment occurred. Personal Funds Management issues were identified for 4 of the 4 individuals reviewed due to the lack of maintenance of receipts, bank fees, late fees and inappropriate payment of a bill. Housing subsidies for one person were not administered appropriately; repayment occurred. Personal property inventories were not up to date and/or valued.

West Region:

Capitol City Residential Healthcare – Residential/Day provider scored 52 of 54/(Exceptional Performance) on the QA survey exited 2/10/17.

- Compared to their 2016 survey results, this is a 4-point increase in compliance (48-Proficient in 2016) related to improvements identified in Domains 2 (PC-SC), 9 (PC-SC). The score remained the same in Domain 10 (PC-PC).
- The agency needs to ensure:
 - All new and tenured staff complete required training timely.
 - Documentation supports billing of supported living and day services
- Outcome 10A, billing, scored PC. Billing issues were noted for two people: for 1 person, SL was billed on multiple days when person was hospitalized, for a 2nd person, day services were billed on 3 days when documentation reflected the person refused the service.
 - A letter of recoupment is pending.
- Outcome 10B, personal funds management, scored SC.
 - The four people reviewed were reimbursed for missing documentation during the survey. At the time of the survey exit, no need for any further reimbursement was identified and the person's funds were considered fully accounted for.

Bubba's Better Life – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 2/9/17. No indicators were scored "N" on the 2017 survey.

- Compared to their 2016 survey results, this is a 4-point increase in compliance (50-Proficient in 2016) related to improvements identified in Domains 2 (PC-SC) and 10 (PC-SC)
- Outcome 10A, billing, scored SC. No billing issues were noted.
- Outcome 10B, personal funds management, was not scored. Neither the provider agency nor any paid staff is involved in management of the person's funds.

KeyOptions Community Care – Residential/Day provider scored 52 of 54/Proficient on the QA survey exited 2/16/17. (*Proficient rating is due to Domain 2 - PC*).

- This is the agency's first scored survey. The Consultative survey occurred in July 2016.
- The agency needs to ensure:
 - Documentation reflects the service provided;
 - Monthly Provider Reviews include narrative summaries of progress and/or challenges observed during implementation of ISP outcomes and action steps for which the provider was responsible.
 - Tennessee Felony Offender Information Lookup is completed timely for new staff.
 - All new staff complete required training timely.
 - Personal property inventories are maintained per the current personal funds management policy.
- Outcome 10A, billing, scored SC. No billing issues were noted.
- Outcome 10B, personal funds management, scored SC.
 - No need for any reimbursement was identified and the person's funds were considered fully accounted for.

Auxilium Health Services – Residential/Day provider scored 44 of 54/Fair on the QA survey exited 2/10/17.

- This is the same score as their 2016 survey (44-Fair), with issues and improvements noted in Domains 2 (PC-SC), 3 (PC-PC), 4 (PC-MC), 5 (SC-PC), 9 (PC-SC) and 10 (PC-PC).
- The agency needs to ensure:
 - Risk Issues Identification Tools are completed timely;
 - Criminal Background checks and the Sex Offender Registry Checks are completed timely,
 - Informed consents for the use of psychotropic medications are obtained;
 - Human Rights Committee reviews and, as required, approvals for the use of psychotropic medications and for ISP restrictions are completed timely and kept current;
 - Evidence of RN delegation of tasks to DSPs is maintained;
 - Issues identified during this survey are incorporated into the agency's self-assessment and quality improvement planning processes as warranted;
 - Adequate accounting procedures are followed for management of a person's personal funds to assure consistent availability of current information involving the amount of financial resources available to each person, the amount of total countable assets, and documentation of purchases made on behalf of the person;
 - A person's money is not comingled with the agency's account;
 - Agreements regarding advances include necessary details including the reason for the expenditure or the amount;
 - Personal property inventories include purchase dates, purchase amounts, or serial numbers.
 - Outcome 10A, billing, scored SC. A billing issue for one person was noted: documentation for SL4 for multiple days did not reflect that a second residential staff was present at any time during SL hours. A letter of recoupment is pending.
- Outcome 10B, personal funds management, scored PC.
 - At the time of the survey exit, five of five people reviewed were due to be reimbursed for missing documentation.

Freedom Co-op – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 2/16/17.

- This is the same score as their 2016 survey results (54- Exceptional performance).
- The agency needs to ensure:
 - A Crisis Intervention Policy is developed and reviewed by a Human Rights Committee;
 - A Cross Systems Crisis plan is developed when criteria for needing such a plan are met
- Outcome 10A, billing, scored SC. No billing issues were identified.
- Outcome 10B, personal funds management, was not scored, as neither the provider agency nor any paid staff is involved in management of the person's funds.

Personal Assistance: East- no reviews; Middle- All Heart Healthcare; West- no reviews.

Middle Region:

All Heart Healthcare- Personal Assistance: An initial consultation was completed at the agency on February 13, 2017. All requirements were reviewed.

- Domain 2: The Risk Issues Identification Tool was not completed timely. The agency's efforts to address ISP outcomes and action steps were not maintained within the contact notes. Monthly Review information was verbatim. There was no documentation to support the agency had contacted the ISC regarding the change in status of her parents and future plans.
- Domain3: The PA Environmental Checklist was not completed prior to the initiation of PA services. The format for site visit documentation did not include a method for tracking completion of follow-up activities. The agency policy for vehicle inspection does not indicate timeframes. Incident Management meetings are not being held per requirements, although no incidents have been reported. An exemption has not been requested at this time.
- Domain 4: Agency policies did not reflect the use of person-centered language.
- Domain 5: There was no documentation of the annual physical or dental examinations.
- Domain 9: A policy for workers compensation has not been acquired. The agency has six employees. New members of the Advisory Board were not provided orientation regarding the duties and responsibilities timely.

ISC Providers:
Providers reviewed: East- no reviews; Middle: no reviews; West- no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers :
Providers reviewed:

Nursing Providers:
Providers reviewed:

Therapy Providers:
Providers reviewed:

Special Reviews:

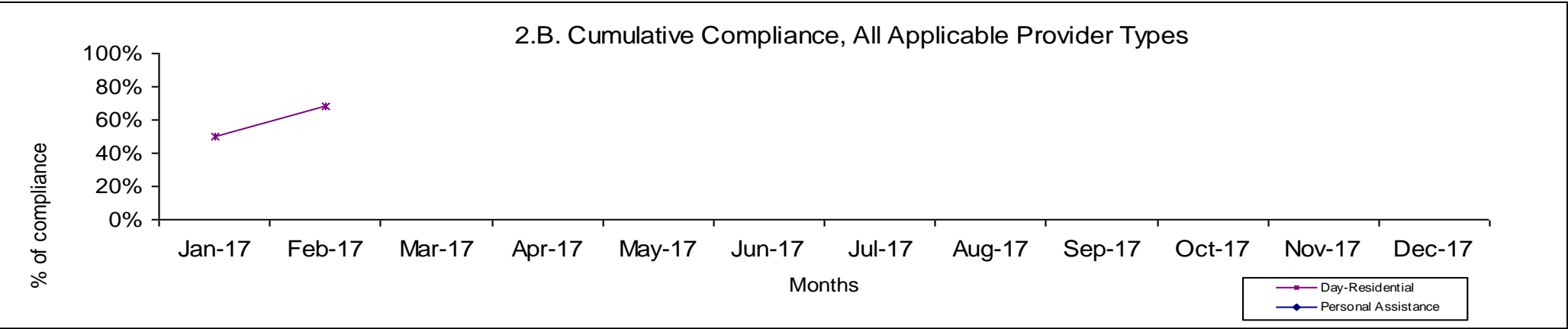
Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

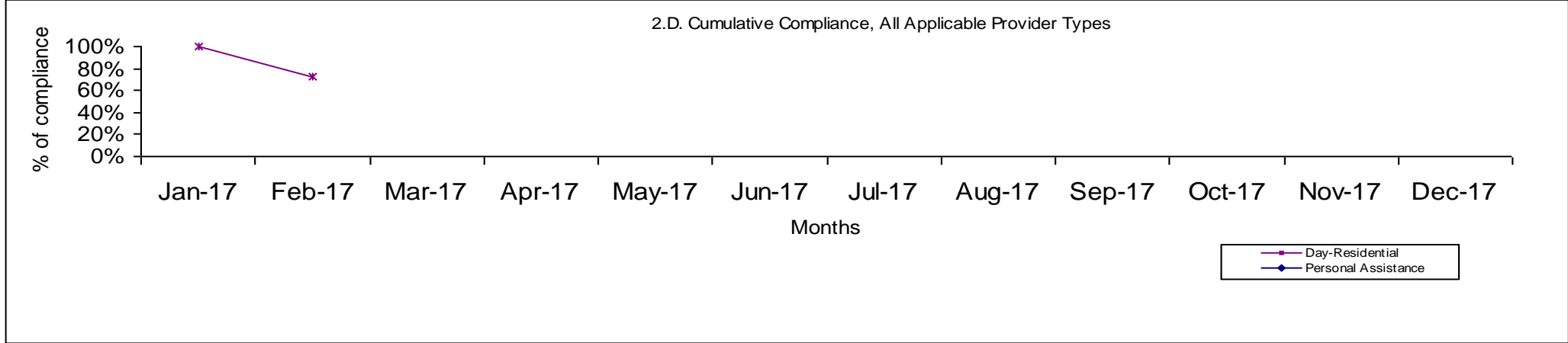
Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	73%	66%
Personal Assistance	N/A	N/A

Cumulative Data:



Cumulative Data:

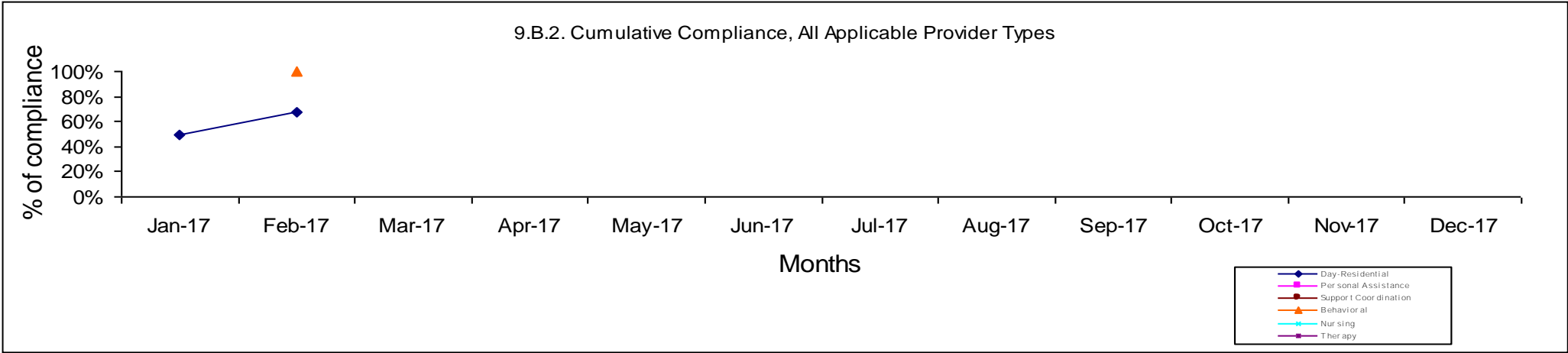


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	73%
Personal Assistance	N/A
Support Coordination	N/A
Behavioral	100%
Nursing	N/A
Therapy	N/A

Cumulative Data:



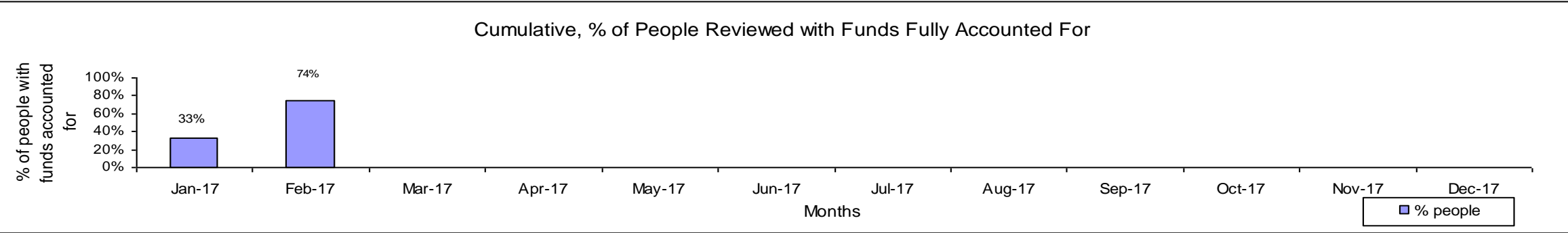
F	Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds
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Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

[illegible][illegible][illegible][illegible][illegible]

Region	% of Personal Funds Fully Accounted For
East	25%
Middle	95%
West	100%
Statewide	81%



Analysis:
 The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.
 See references under provider summaries above.

Follow-up action taken from previous reporting periods:
 The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.